Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any period? If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any period? If yes, complete and attach Schedule VIII. Did you hold any reportable positions on or before the date of filing in the yes. No III was, complete and attach Schedule VIII. Did you, your spouse, or dependent child purchase, sell, or exchange any period? If yes, complete and attach Schedule IV. Did you have any reportable agreement or arrangement with an outside yes. In No III. If yes, complete and attach Schedule IX. If yes, complete and attach Schedule IX.	Type Annual (May 15) Amendment Termination Date: Termination Date: Termination Date: More than 30 days Termination Termination Date: Termination Termination Date: Terminatio	Addison (Joe) Graves Wilson Filer Status Addison (Joe) Graves Wilson (Full Name) State: SC House of Representatives District: 02 A\$200 penalty shall A \$200 penalty shall A	UNITED STATES HOUSE OF REPRESENTATIVES FORM A FORM A FORM A FOR USE BY Members, officers, and employed ND DELIVERE
--	---	--	---	--

\$.

SCHEDULE I - EARNED INCOME

Name Addison (Joe) Graves Wilson

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
S.C. State Retirement System	Retirement	\$19,648.32
S.C. National Guard	Retirement Annuity	\$1,200
U.S. Military Retirement	Retirement	\$17,919.01

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Addison (Joe) Graves Wilson

Page 7 of 8

the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the spouse or dependent child that is totally independent of his or her relationship to you.

3 Days	Υ	Υ	Υ	Jan. 28-30 DC-Baltimore-DC	Jan. 28-30	Republican Issues Conference
Days not at sponsor's expense	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodging? (Y/N)	Point of Departure– Destination–Point of Return	Date(s)	Source

SCHEDULE
=
=
_
ASSETS
>
Z
=
Z
m
≥
忍
Z
E
Ğ
Z
ਨ
O
Ž

П

SCHEDOL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME		Name Addison (Joe) Graves Wilson		Page 3 of 8
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
ASS(Identify (a) ea a fair market and (b) any or generated mo	Asset and/or income Source ldentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "uneamed" income during the year.	Year-End Value of Asset at close of reporting year. If you use a		Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comp symbols.)	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	than fair market value, please specify the method used. If an	generate tax-deferred income (such as 401(k) plans or IRAs), you may	(such as 401(K) plants or IRAs), you may check the "None" column. For all other assets, indicate the category	\$1,000 in reporting year.
For all IRAs and self-directed (I.e. exercised, to sel asset held in the retirement account of the institution reporting period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	asset was sold and is included only because it is generated income, the value should be "None."	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was	
For rental or address.	For rental or other real property held for investment, provide a complete address.		period.	en iner ei Rejud emer	
For an owner publically tradactivities, and	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		·		
Exclude: You vacation hom	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting			·	
JT	220-A Justice Court, NE, Washington, DC 20002	\$250,001 - \$500,000	None	NONE	,
JT	2823 Wilton Road, Springdale, SC	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
Ţ	2827 Wilton Road, Springdale, SC	\$50,001 - \$100,000	None	NONE	·
JT	99 Tally Ho Court, Sapphire, NC	\$250,001 - \$500,000	None	NONE	
	Exxon Mobil Stock, Irving, TX (40 Shares)	\$1,001 - \$15,000	None	NONE	
T	Graves Park Estates (Property located in Springdale, SC)	\$50,001 - \$100,000	None	NONE	i

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Name	
Addison (Joe	
(Joe)	

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME		Name Addison (Joe) Graves Wilson		Page 4 of 8
	Moseley and Wilson Partnership (101 Shuler Street, West Columbia, SC)	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
,	Moseley and Wilson Partnership (1534 Sunset	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
	Divu., excer Coulingia, CO)			-	
· 	Moseley and Wilson Partnership (515 E. Main Street, Lexington, SC)	\$50,001 - \$100,000	RENT	\$5,001 - \$15,000	
	Moseley and Wilson Partnership (634-640 Sunset Blvd., West Columbia, SC)	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
	Moseley and Wilson Partnership (922 Sunset Blvd., West Columbia, SC)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT	Royal Dunes Resort - Timeshare, Hilton Head Island, SC	\$1,001 - \$15,000	None	NONE	,

SCHEDULE V - LIABILITIES

Name Addison (Joe) Graves Wilson

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

T	Ţ	J		<u>-</u>	-				SP, DC,	carus) o
SCB&T	SCB&T	Ameris	Cenlar	JP Morgan	First Reliance Bank	Congressional Federal Credit Union	BB&T	South Carolina Army Reserve National Guard Credit Union	Creditor	cards) only it the barance at the close of the preceding calendar year exceeded \$10,000
December 2004	July 2006	December 2007	December 2007	December 2004	October 2006	February 2008	July 1999	October 2006	Date Liability Incurred	year exceeded ⇒ IV,I
Mortgage Secured by Property specified as Graves Park, Springdale, SC	Personal Loan Secured by Property at 2825 Wilton Road, Springdale, SC	Home Equity Line of Credit secured by 99 Tally Ho Court, Sapphire, NC	Mortgage Secured by Property at Tally Ho Court, Sapphire, NC (Formerly known as Taylor, Bean and Whitaker)	Mortgage Secured by Property at Justice Court, Washington, DC (Formerly known as Washington Mutual)	Personal Loan	Personal Loan	Personal Loan	Personal Loan	Type of Liability	900.
\$100,001 - \$250,000	\$50,001 - \$100,000	\$50,001 - \$100,000	\$250,001 - \$500,000	\$250,001 - \$500,000	\$10,001 - \$15,000	\$10,001 - \$15,000	\$15,001 - \$50,000	\$10,001 - \$15,000	Amount of Liability	

SCHEDULE V - LIABILITIES

Name Addison (Joe) Graves Wilson

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		•		
\$10.001 - \$15.000	Personal Loan	July 2010	Southern First Bank	
·		•		
\$10,001 - \$15,000	Credit Card	Kevolving	Bank of America VIsa	
*10 001 *15 000	0-1:0-1			
Amount of Liability	Type of Liability	Incurred	Creditor	J
				٦ <u>'</u>
		Liability		DC.
		Date		<u>(</u>
)

representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any leducational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Moseley and Wilson Partnership
Moseley and Wilson Partnership